

APPENDIX C

SC Planning Education Advisory Committee (SCPEAC)

Mr. Steve Riley, AICP
SCPEAC Chairman
Town Manager
One Town Center Court
Hilton Head Island, SC 29928
SteveR@hiltonheadislandsc.gov
843-341-4700

UNIFORM APPLICATION FOR ACCREDITATION OF CONTINUING EDUCATION COURSE

- 1) Name & address of organization providing or sponsoring the course OR name of an individual applicant, unaffiliated with an organization:

a) ____ Sponsor ____ Individual

- b) Sponsor's/Organization's or Individual Applicant's

Name: _____

Street Address:

City: _____

State: _____ Zip Code: _____

- c) Contact Person, if
sponsor _____

d) Telephone (_____) _____

e) Fax Number (_____) _____

f) Email Address: _____

- 2) Title of educational
activity: _____

- 3) Date(s) and location(s):

-
- 4) Writing surface available? ____ Yes ____ No
- 5) Method(s) of presentation (check those that apply—all sessions must have live direction by faculty or professional planning discussant):
- a) ____ faculty in room with participants
 - b) ____ satellite/microwave, discussion leader present
 - c) ____ videotape presentation, discussion leader present
 - d) ____ Other (describe): _____
- 6) Method of Advertisement: _____
-
- 7) Description of materials to be distributed (check/fill all that apply):
- a) Powerpoint handout ____; number of slides _____
 - b) Other Handouts _____
 - i) Total pages _____
 - c) Videotape _____
 - d) None _____
 - e) Other (describe) _____
- 8) When are materials distributed (check)?
- a) ____ Sent before program
 - b) ____ Handed out at program
 - c) ____ Other: _____
- 9) **REQUIRED ATTACHMENTS to this application (6 copies distributed as described below):**
- a) Course description and outline including estimated time per section
 - b) Total credits (minutes/hours) of instruction including Q and A, as applicable
 - c) Brochure, if available
 - d) Faculty name(s) and credentials (include brief resume(s) of faculty)
 - e) Powerpoint handout/complete set of materials to be distributed
 - f) Evaluation Form and method of evaluation (each class must be evaluated)
- 10) Total MINUTES of instruction, not including breaks, meals or introductions; reasonable period for Q and A is counted : _____
- 11) Applicant Representative or Individual
- Print Name: _____
- Signature: _____
- 12) Date: _____

SUBMIT 6 COPIES OF ALL MATERIALS AS FOLLOWS:

2 Copies and 1 Self-Addressed, Stamped Envelope for Mailing the Notice of Decision to:

Mr. Steve Riley, AICP
SCPEAC Chairman
Town Manager
One Town Center Court
Hilton Head Island, SC 29928

1 Copy Each to:

Mr. Dennis Lambries
Research Associate
Survey Research Laboratory
Institute for Public Service and Policy Research
University of South Carolina
Columbia SC 29208

Mr. Christopher S. Karres
Planning Director
Lancaster County, SC
P.O. Box 1809
Lancaster, SC 29721

Ms. Donna London
Strom Thurmond Institute
Silas Pearman Boulevard
Clemson University
Clemson, SC 29634-0125

Barry Nocks, Ph.D., AICP
143 Lee Hall
Department of Planning & Landscape Architecture
College of Architecture, Arts & Humanities
Clemson University
Clemson, SC 29634-0511

NOTE: THE COMMITTEE HAS AGREED TO NOT REQUIRE AN APPLICATION FEE AT THIS TIME, ASSUMING THAT SUBMITTALS ARE PROVIDED AS REQUIRED AND COSTS OF NOTIFICATION REMAIN LIMITED.

NOTICE OF DECISION
(To be completed by the SCPEAC and returned to the applicant.)

13) The following action has been taken by the SCPEAC on this application:

a) _____ APPROVED for _____ CE credits.

b) _____ ACCREDITATION DENIED.

i) Reason: _____

c) _____ RETURNED for more information.

14) If Approved, Authorized Course No. _____

a) Date of Approval: _____

b) Certification is Valid Until: _____

Signature of SCPEAC Representative: _____

**For Further Information, Contact Mr. Steve Riley, Chairman, 843-341-4700 or
SteveR@hiltonheadislandsc.gov**